



Ensure that the most current form is submitted. Refer to EMACS Forms/Procedures website.

## SECURITY ACCESS REQUEST FOR EMACS

Effective Date

Access may be granted by individual and/or ranges of department ID's

Must print in Black or Blue ink ONLY.

	A=Add D=Delete R=Revise	Employee ID	Employee Name	Position Number	Department ID(s)	
					From	To
1						
2						
3						
4						
5						
6						
7						
8						
9						

The employee(s) listed above will utilize EMACS to perform the following functions:

- ☐ Payroll Specialist  
☐ Manager/Supervisor  
☐ Budget Preparation  
☐ Phone Coordinator  
☐ Modified Duty Representative  
☐ Other \_\_\_\_\_

I understand that when the above employee(s) is no longer authorized access for this department, I will notify the EMACS Development Team to withdraw my request by putting a "D" in the first column above.

Department Contact (Print Name)	Department	Telephone	Date
Appointing Authority or Designee Name (Print & Sign)		Telephone	Date

Human Resources Officer Signature (Print & Sign)	Date
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Keyed By (Employee ID)	Date
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